Co-Site Visit Report						
Run by :			Date: Page:			
Audit Date : Institution Code :	Group : Name :	Audit Category :	Audit Type : Member Study type:			
			Wiember Study type.			
Main Member / CCOP Code : Audit Location :	Name :					
Revision Number:	Revision Date	e:				
Number of Cases Audited :	Principal Investigator :		Number of Protocols Reviewed :			
Co-Site Auditor Information						
Name	Title		Affiliation			
Audit Outcome Summary						
Component		Assessment				
IRB and Informed Consent Content	t Assessment					
Accountability of Investigational Ag	gents and Pharmacy Operations Assess	ment				
Review of Patient Case Records Ass	sessment					

Co-Site Visit Report						
Run by:			Date: Page:			
Audit Date : Audit Location : Revision Number:	Group :  Revision Date:	Audit Category :	Audit Type :			
<ul><li>I. IRB and Informed Consent Content Rev.</li><li>A. IRB Review</li><li>1. Were each of the selected protocols and informed consents available at the site?</li></ul>	view: Finding	Comments				
2. Was the most up-to-date version of the protocol and informed consent available?						
<ul><li>3. Did the auditors review IRB documentation at the site</li><li>4. Were the protocols reviewed for initial IRB approval?</li></ul>						
5. Were all annual re-approvals reviewed by the IRB in a timely manner?						
6. Were all amendments reviewed and approved by the I and were safety reports submitted to the IRB on time?	IRB					
7. Did the auditors follow CTMB guidelines?						
8. Did the auditors conduct an adequate IRB review?						
B. Informed Consent Content (ICC) Review:						
1. Were locally used informed consents reviewed?						

Co-Site Visit Report						
			Date:			
Run by :			Page:			
Audit Date : Audit Location :	Group:	Audit Category :	Audit Type :			
Revision Number:	Revision 1	Date:				
2. Were local informed consent docu 3. Did the auditors conduct an adequ content review?						

C. IRB and Informed Consent Content Assessment:

		Da		
Run by:			Page:	
Audit Date :	Group:	Audit Category :	Audit Type :	
<b>Audit Location:</b>				
Revision Number:	Revision I	Date:		

**Co-Site Visit Report** 

## II. Accountability of Investigational Agents and Pharmacy Operations Review:

Finding Comments

- 1. Were INDs and /or NCI supplied agents used at this site during the time period covered by this audit?
- 2. Was the pharmacy visited?
- 3. Are NCI DARFs in routine use?
- 4. Were NCI DARFs reviewed on-site or off-site?
- 5. Was the pharmacy inspected according to CTMB guidelines?
- 6. Was there adequate security?
- 7. Were satellite NCI DARFs reviewed?
- 8. Did the auditors conduct an adequate Pharmacy/DARF review?

Accountability of Investigational Agents and Pharmacy Operations Assessment :

## Run by : Page: Audit Date : Audit Category : Audit Type : Audit Location : Revision Number: Revision Date:

**Co-Site Visit Report** 

## **III. Patient Case Review:**

Finding

Comments

- 1. Were patient informed consent documents reviewed?
- 2. Were any major informed consent deficiencies noted?
- 3. Was each audited case reviewed for eligibility?
- 4. Were any major eligibility deficiencies noted?
- 5. Were any major treatment deviations noted?
- 6. Were any major response/disease outcome discrepancies noted?
- 7. Were any major adverse events deficiencies noted?
- 8. Were any major General Data Management Quality problems identified?
- 9. Were the materials available for the audit adequate?
- 10. Did the auditors conduct an adequate review in accordance with CTMB guidelines?

**Review of Patient Case Records Assessment:** 

## Date: Run by: Page: **Audit Date: Audit Category: Audit Type:** Group: **Audit Location: Revision Number: Revision Date: Exit Interview** 1. Was the exit interview attended by the PI?: 2. Were the preliminary audit findings stated and discussed? : 3. Were Group recommendations made? If "Yes", explain below.: 4. Did the auditors conduct an adequate exit interview? : **Exit Interview Comments: General Comments:** 1. Was the audit conducted according to CTMB Guidelines? : **Overall Comments and Recommendations:**

**Date** 

**Prepared By** 

Approved By

**Date** 

**Co-Site Visit Report**